



Gallatin County DUI Task Force

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Community Education & Activity Support and Enforcement (CEASE) **Awards Application - FY 2015**

Following are the: **(1)** Equipment/Project/Activity Questionnaire, **(2)** Money Request Form and **(3)** Final Report and Evaluation Form.

- ❖ Please include the name of the project and agency on each page.
- ❖ *Review, print and sign the instructions before continuing.*
- ❖ ***Include the signature page from the instructions with this application.***

Equipment / Project / Activity Questionnaire

1. Agency or Name of Applicant _____
2. Date of Application _____
3. Contact Person *(if different than above)* _____
4. Address _____
5. Phone _____ 6. Email _____
7. Name and contact for the agency supervisor who signed off on the instruction page:

8. Agency Website _____
9. Equipment/Project/Activity Description and Dates, along with the goal or mission for the project.

10. How will this equipment/activity/project support the DUI Task Force Strategic Plan Goals and Annual Plan? (Please quote from the actual DUI Task Force Annual Plan) ***Please be specific.***

11. Who will benefit and what is the anticipated number of participants (or scope/reach)?

12. Where, how and when will a press release be issued to announce the funding of the project if the CEASE Award request is approved? ***Please attach a draft of that release.***

13. Would the agency still sponsor this event/project if not funded by the Gallatin County DUI Task Force? Yes No

14. What other options for funding have been explored?

If the grant request is for a purchase totaling over \$1,000, the [Bid Tabulation Form](#) must be included with the application. Fill out the form (included on the DUI Task Force website CEASE Award page) to show that bids were solicited or to document that a particular vendor must be used because of previous purchases with that vendor.

Please be sure to respond to all questions.

Money Request Form

Agency / Name _____

Contact Person _____

Address _____

Phone _____ Email _____

Equipment/Activity/Project _____

Please list all items needed or applicable. Please be as specific as possible in requesting funds.

List all Expenses

a)	_____	\$	_____
b)	_____	\$	_____
c)	_____	\$	_____
d)	_____	\$	_____
e)	_____	\$	_____
f)	_____	\$	_____

Sub Total \$ _____

Other \$ _____

Final Total \$ _____

Additional comments:

Award reimbursement will not be made for cost over-runs.

Name and signature of agency supervisor:

(signature) _____

(please print) _____

~ End of Money Request Form and Application ~

Final Report and Evaluation

(Complete and submit within 14 days after the completion of the funded project and prior to submitting for reimbursement of expenses)

Law Enforcement Agency _____

~Include a copy of the issued press release for this activity.~

Agency / Sponsor of Project _____

Contact Person _____

Address _____

Phone _____ Email _____

Equipment/Activity Title _____

Equipment/Activity Location _____

Equipment/Activity Start Time / End Time _____

Number of Sessions _____ Number of people involved or affected _____

The primary purpose of this project was:

a) education

b) enforcement

c) equipment

d) other

What were the results of your project? How did the equipment/activity/project help to reduce or prevent DUI?

In order to evaluate the value of this project, the Task Force requires a full and thoughtful evaluation from awardees. Include an additional WORD document as needed in order to provide the necessary detail.

Name and Signature of Agency Supervisor

Signature _____

Please print name _____

~ End of Form ~